1393420

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| | OM' Ext Es ht - Prefix | 07047456 | • |
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| ١, | 4R 0 | \$ 2007 | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
|--|--|
| Gator Mezzanine Fund Partners, LLLP | |
| | BECENTALCH |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) | ULOE |
| Type of Filing: New Filing Amendment | |
| | < MAR 0 g 2007 \ |
| A. BASIC IDENTIFICATION DATA | 4 |
| 1. Enter the information requested about the issuer | WE COL |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | 202/69 |
| Gator Mezzanine Fund Partners, LLLP | 161/202/55 |
| | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| 250 Park Avenue S. Suite 600 Minter Day, 51 20700 | • |
| | 407-539-2829 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| • | |
| Brief Description of Business | |
| Mezzanine Lending Fund | PROCESSED |
| weetsime conding tund | 『ハクへとうつ』 |
| The CD Co | |
| Type of Business Organization | () MAD 1 0 0007 |
| corporation imited partnership, already formed other (p | lease specify): AMAR 1 9 2007 |
| business trust limited partnership, to be formed | P |
| Month Year | MINISTRALI |
| Actual or Estimated Date of Incomment | THOMSON |
| Jurisdiction of Incorporation or Organization: [111] [0]6 Actual Estim | Pated FINANCIAL |
| CN for Canada; FN for other foreign jurisdiction) | ; |
| The second secon | j 1i i |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

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| | managing partner | | | | | | | |
|--|---|--|--------------------|--|---|----------|-----|--|
| Check Box(es) that Apply: | Promoter | Beneficial Own | ner 🔲 | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, Gator Fund Partners, Li | | | | | | | | |
| | | 1.00 | | | | | | |
| Business or Residence Addr 250 Park Avenue S., Su | ite 600, Winter i | o Street, City, State, Zi Park FL 32789 | p Code) | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Own | ner 😥 | Executive Officer | | Director | | General and/or Managing Partner |
| Full Name (Last name first, Seth D. Ellis | if individual) | | | and the state of t | | | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zi | p Code) | | | | | |
| 250 Park Avenue S., Su | ite 600, Winter F | Park FL 32789 | | | | | | |
| Check Box(cs) that Apply: | Promoter | Beneficial Owr | er 🔽 | Executive Officer | | Director | | General and/or Managing Partner |
| full Name (Last name first, | if individual) | | | , | | | | |
| Michael Poole | | | | | | | | |
| Michael Poole Business or Residence Addr 250 Park Avenue S., Su | ess (Number and ite 600, Winter F | Street, City, State, Zi | o Code) | The state of the s | · | | ~~~ | |
| Business or Residence Address | ess (Number and ite 600, Winter F | Street, City, State, Zig Park FL 32789 Beneficial Own | | Executive Officer | | Director | | General and/or Managing Partner |
| Business or Residence Addr 250 Park Avenue S., Su | Promoter | Park FL 32789 | | Executive Officer | 0 | Director | | |
| Business or Residence Address 250 Park Avenue S., Su heck Box(es) that Apply: | ite 600, Winter F Promoter if individual) | Park FL 32789 Beneficial Own | er 🗍 | Executive Officer | 0 | Director | | |
| Business or Residence Addro 250 Park Avenue S., Su heck Boxles) that Apply: full Name (Last name first, | ite 600, Winter F Promoter if individual) | Park FL 32789 Beneficial Own | er | Executive Officer Executive Officer | | Director | | |
| Business or Residence Address 250 Park Avenue S., Su heck Box(es) that Apply: full Name (Last name first, Business or Residence Address | Promoter F Promoter if individual) SS (Number and | Park FL 32789 Beneficial Own Street, City, State, Zig | er | | | | | Managing Partner |
| Business or Residence Address 250 Park Avenue S., Su Theck Box(es) that Apply: Full Name (Last name first, Business or Residence Address Theck Box(es) that Apply: | Promoter if individual) (Number and Promoter | Street, City. State, Zig Beneficial Own | o Code) | | | | | Managing Partner |
| Business or Residence Address or Residence Address Box(es) that Apply: Full Name (Last name first, Business or Residence Address Box(es) that Apply: Ull Name (Last name first, Business or Residence Address or Residence | ite 600, Winter F Promoter if individual) Promoter Promoter f individual) ss (Number and | Street, City. State, Zig Beneficial Own | o Code) | | | | | Managing Partner |
| Business or Residence Address or Residence Address or Residence Address that Apply: Full Name (Last name first, Business or Residence Address box(cs) that Apply: Full Name (Last name first, Italian Name (Last name fir | Promoter if individual) (Number and Promoter | Street, City. State, Zig Beneficial Own | o Code) | | | | | Managing Partner General and/or Managing Partner |
| Business or Residence Address or Residence Address Box(es) that Apply: Full Name (Last name first, Business or Residence Address Box(es) that Apply: Ull Name (Last name first, Business or Residence Address or Residence | Promoter Promoter if individual) iss (Number and Promoter f individual) ss (Number and | Street, City, State, Zip Beneficial Own Street, City, State, Zip | o Code) | Executive Officer | | Director | | Managing Partner General and/or Managing Partner |
| Business or Residence Address | Promoter (Number and Promoter f individual) SS (Number and Promoter f individual) SS (Number and | Street, City, State, Zip Beneficial Own Street, City, State, Zip Beneficial Own | o Code) cr | Executive Officer | | Director | | Managing Partner General and/or Managing Partner |
| Business or Residence Address of Residence Address | Promoter (Number and Promoter f individual) SS (Number and Promoter f individual) SS (Number and | Street, City, State, Zip Beneficial Own Street, City, State, Zip Beneficial Own | o Code) cr Code) | Executive Officer Executive Officer | | Director | | Managing Partner General and/or Managing Partner General and/or Managing Partner |
| Business or Residence Address | ite 600, Winter F Promoter if individual) its (Number and Promoter f individual) ss (Number and Promoter f individual) ss (Number and Promoter f individual) | Street, City, State, Zip Beneficial Own Street, City, State, Zip Beneficial Own Street, City, State, Zip | o Code) cr Code) | Executive Officer | | Director | | Managing Partner General and/or Managing Partner |

| | | | | В. 1 | NFÓRMAT | TON ABO | T OFFER | ING | | | | |
|--------------------------------|---|---|---|--|--|---|--|---|---|--|-----------------------------------|---------------|
| 1. Has th | ne issuer so | ld, or does | the issuer i | ntend to so | ell, to non- | accredited | investors i | n this offe | ring? | | Yes | No F |
| | Answer also in Appendix, Column 2, if filing under ULOE. at is the minimum investment that will be accepted from any individual? | | | | | | | | | | | ⊠ |
| 2. What | is the mini | mum invest | | | | | | | | | s_10 | 0,000.00 |
| 3. Does t | the offering | permit joir | nt ownersh | ip of a sing | elc unit? | | | | | ***************** | Yes | No |
| 4. Enter | the informa | ation reque | sted for ear | ch person v | who has be | ca or will | he paid or | given dir | ective or in- | dieantly and | | |
| lf a per or state a brok | rson to be li es, list the r er or dealer | sted is an a name of the r, you may | eration for ssociated p broker or d set forth th | solicitation crson or ag caler. If m | i of purchas ent of a bro ore than fiv | sers in cong ker or deal re (5) perso | ection with er registere ins to be lis | h sales of se ed with the sted are see | curities in | the offering r with a state sons of such | • | |
| Full Name | (Last name | first, if inc | lividual) | - | | | ···. | | - | | | |
| Business of | r Residence | : Address (1 | Number an | d Street, C | ity, State, | Zip Code) | 4 | | | | | |
| Name of A | ssociated B | roker or De | ealer | | | | · | . | | | | - |
| States in W | hich Perso | n Listed He | e Saliaitad | or intend | n na Callain | 12 | | | | | | ····· |
| | | | | | | | | | | 4****4********** | | |
| AL | AK | | | | | | | | | 4************************************** | □ ^ | II States |
| | IN] | [AZ] | [KS] | CA) | [CO] | CT Gen | (DE) | DC | FL | GA | HI | ID |
| MT | NE | NV | NH] | NI | LA NM | ME NY | MD NC | MA | MI | MN | MS | MO |
| RI | SC | SD | TN) | TX | UT) | VT | [VA] | ND WA | OH WV | OK WJ | OR WY | PA |
| Full Name | (Last name | first, if ind | lividual) | | | | | | | | | |
| Business o | r Residence | e Address (| Number ar | d Street, C | ity. State | Zin Code) | - 1 all | - | | | | |
| Name of As | | | | | , , , | | | · · · · · · · · · · · · · · · · · · · | ··· | | | |
| States in W | high Parson | a I intent II- | - 0 12 1 | | | | | · · - · - · - · · · · · · · · · · | | | | |
| States in W (Check | "All State | | | | | | | ************* | | | | l States |
| [AL] | [AK] | AZ | [AR] | CA | <u>[CO]</u> | CT | | | | | _ | |
| II. | IN | ĪΑ | (KS) | KY | [LA] | ME | DE MD | DC MA | FL MI | GA MN | (HI) | (ID) |
| MT | NE | NV | NII | NI | NM | NY | NC | ND | ОH | OK | MS OR | MO PA |
| RI | SC | SD | TN | TX | TTT] | $\overline{	ext{VT}}$ | VA | WA | WV | WI | WY | PR |
| Full Name (| Last name | first, if ind | ividual) | | | | | ·_ | | · | | |
| Business or | r Residence | Address () | Number an | d Street, C | ity, State, 2 | Zip Code) | | | | | | |
| Name of As | sociated Br | oker or De | aler | • | | | | · ····· | | **** | | |
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| States in Wh | | | | | | | | | | | | |
| | "All States | or check | individual | States) | ************ | • | ************* | *************** | . 4144, , , , , , , , , , , , , , , , , , | | All | States |
| [AL] | (AK) | (AZ) | AR | CA | CO | CT) | DE | DC | FL | GA) | Ш | (ID) |
| IL MT | IN NE | IA NV | KS | KY (STC) | LA | ME | MD | MA | MI | | MS | MO |
| RI | SC | SD | NH TN | NJ TX | NM (Tri | NY VT | NC | ND | OH | | OR | PA |
| | ·- ·· · · · · · · · · · · · · · · · · · | | لينف | (<u></u>) | UT | VT | VA | WA | WV] | WI | $\overline{\mathbf{W}}\mathbf{Y}$ | PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| J. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|----------------------------|
| | Type of Security | Aggregate Offering Price | Amount Aiready Sold |
| | Debt | \$ | s |
| | Equity | 2 | \$ |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | 30.000.000.00 | s 4.700.000.00 |
| | Other (Specify) | | \$ |
| | Total | 30,000,000,00 | ¢ 4 700 000 00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | 3 4,100,000.00 |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number | Aggregate Dollar Amount |
| | A constitution | Invectors | of Purchases |
| | Accredited Investors | 11 | \$ 4,700,000.00 |
| | Non-accredited Investors | | \$ |
| | Total (for filings under Rule 504 only) | | \$ |
| , | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of | Dollar Amount |
| | Rule 505 | Security | Sold |
| | Regulation A | Manager Control | \$ |
| | Rule 504 | | 3 |
| | Total | | \$ |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and cheek the box to the left of the estimate. | | \$_0.00 |
| | Transfer Agent's Fees | _ | _ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | ····· | \$ 12,000.00 |
| | Accounting Fees | ····· | 70,000.00 |
| | Engineering Fees | | \$ 20,000.00 |
| | Sales Commissions (specify finders' fees separately) | | <u> </u> |
| | filter Treaming (14,10) Cityl up and angustic | | 5 |
| | Total | | 661,500.00 |
| | | | 763,500.00 |

| L | C. OFFERING PRICE, NUM | MBER OF INVESTORS, EXPENSES AND US | É OF PROCEEDS | |
|-----|--|--|--|---|
| | b. Enter the difference between the aggregate office and total expenses furnished in response to Part C – proceeds to the issuer." | Ouestion 4.a. This difference is the "adjusted | amec | 29,236,500.00 |
| 5. | Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa | roceed to the issuer used or proposed to be us my purpose is not known, furnish an estima of the payments listed must equal the adjusted | ed for | |
| | Calver and A | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | *************************************** | § <u>218,750.0</u> 0 | \$ 323,750.00 |
| | Purchase of real estate | | 🗀 S | |
| | Purchase, rental or leasing and installation of ma | ichinery | | |
| | Construction or leasing of plant buildings and fa | cilities | | · Ll • |
| | Acquisition of other businesses (including the ve offering that may be used in exchange for the assissuer pursuant to a merger) | alue of securities involved in this | | |
| | Repayment of indebtedness | | ······ 🗀 3 | |
| | Working capital | *************************************** | L 3 | |
| | Other (specify): | | | S |
| | Other (specify): | | []2 | \$ 150,000.00 |
| | | | [] \$ | 27 ,000.00 |
| | Column Totals | *************************************** | S 218,750.00 | rn c 521,750.00 |
| | Total Payments Listed (column totals added) | | | 0,500.00 |
| | | D. FEDERAL SIGNATURE | | |
| | ssuct has duly caused this notice to be signed by the sture constitutes an undertaking by the issuer to fun formation furnished by the issuer to any non-accordance. | e undersigned duly authorized person. If this | notice is filed under Ru | le 505, the following n request of its staff |
| - | er (Print or Type) | Signature | Date | |
| Gat | or Mezzanine Fund Partners, LLLP | | 2/27/07 | |
| lam | e of Signer (Print or Type) | Title of Sygner (Pript or Type) | | |
| | D. Ellis | | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | |
|-----------------|---|-----------------------|-----------------------------|
| 1. | Is any party described in 17 CFR 230,262 presently subject to any of the disqualification provisions of such rule? | Yes | No 🔀 |
| | See Appendix, Column 5, for state response. | | 423 |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law. | iled a no | tice on Form |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees. | tion furr | ished by the |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer clai of this exemption has the burden of establishing that these conditions have been satisfied. | titled to ming the | the Uniform availability |
| The issuduly au | ier has read this notification and knows the contents to be true and has duly eaused this notice to be signed on its beha thorized person. | lf by the | undersigned |
| Issuer (| Print or Type) Signature (1) Date | | |
| Gator M | Mezzanine Fund Partners, LLLP | | |
| Name (I | Print or Type) Title (Print or Type) | | |
| Seth D | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes Amount Amount No AL ΑK ΑZ AR CA CO CTDE DC FL GA HI ID IL IN iΑ KS ΚY LA ME MD ΜA MI MN MS

| | APPENDIX | | | | | | | | | | | | |
|----------|--------------|---|--|--------------------------------------|-----------|--|--|------|----|--|--|--|--|
| | Intento non- | d to sell accredited rs in State B-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | f investor and irchased in State t C-Item 2) | 5 Disqualification under State ULO: (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | | | |
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| МТ | | | | | | | | | | | | | |
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| <u></u> | | | | APP | ENDIX | | | | |
|---------|----------|---|--|--------------------------------------|--|--|----------|--------|---|
| 1 | | 2 | 3 | | | 4 | | Disqua | lification |
| | to non-a | d to sell accredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | ate ULOE, attach ation of granted) -Item 1) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | | | | | | <u> </u> | | |
| PR | [| | | | | | - | | |